



Confidentiality Agreement

I, _____ acknowledge my participation during this *Ride-A-Long* may give me the opportunity to see or hear information of a sensitive or confidential nature. With this in mind, I will respect the privacy concerns of those I come into contact with along with information I may learn during this *Ride-A-Long*. I will not divulge information learned during this *Ride-A-Long*.

I additionally understand information that I may view or hear could be vital to the overall investigation. Therefore, I agree that I will not discuss or divulge names, locations, or specific elements of any investigation I may be privy to during the course of this *Ride-A-Long*. I understand and acknowledge that failure to abide by this confidentiality agreement may subject me to legal action.

I understand that during the course of this *Ride-A-Long*, I may observe activity that could be of evidentiary value. I may be utilized as a witness to an incident and my testimony may be needed during a civil or criminal proceeding.

My signature below affirms that I have read and understand the contents of this confidentiality agreement.

Print Name

Signature

Date

Bend Police Department
555 NE 15th Street, Bend, OR 97701
(541) 322-2960 (Tel)
(541) 322-2998 (Fax)